



APPEAL FEE WAIVER

Enforcement Actions **ONLY**

Print Name: _____ Date: _____

Address: _____

Parcel Number(s): _____

Signature: _____

(By signing above, you are certifying the information provided herein is true and correct under penalty of perjury under the laws of the State of Washington.)

To be eligible for an Administrative Appeal Fee Waiver, an individual must meet **one** of the four criteria for Indigent Status and provide **support documentation** in accordance with Washington State Court, GR34.

Criteria 1: Currently receiving assistance under one of the listed programs below. **Support Documentation must be provided.**

Check all that apply and provide support documentation:

- Federal Temporary Assistance for Needy Families
- State-provided General Assistance for Unemployable Individuals (GA-U or **GA-X**)
- Federal Supplemental Security Income (SST)
- Federal poverty-related veteran's benefits

Criteria 2: Household income is at or below 125% of the federal poverty guidelines. **Support Documentation must be provided showing monthly or annual income.**

Criteria 3: Household income is **above** 125% of the federal poverty guidelines and the applicant has recurring basic living expenses that render him/her without financial ability to pay the filing fees. In accordance with RCW 10.101.010(2)(d) basic living expenses to be considered includes the average monthly amount spent for reasonable payments toward living costs, such as shelter, food, utilities, health care, transportation, clothing, loan payments, support payments, and court-imposed obligations. **Support Documentation must be provided for verification of household income and for any and all household expenses claimed.**

Monthly Household Income		Monthly Household Expenses	
Persons in Household:		Rent/Mortgage	\$
Ages:		Food/Household Supplies	\$
Employed	Yes No	Utilities	\$
Take Home Pay Per Month	\$	Transportation	\$
Other Sources of Income:		Ordered Maintenance Actually Paid	\$
1.	\$	Ordered Child Support Actually Paid	\$
2.	\$	Clothing	\$
3.	\$	Child Care	\$
4.	\$	Education Expenses	\$
5.	\$	Insurance (Vehicle, Health)	\$
6.	\$	Medical Expenses	\$
		Other Expenses	\$
Sub Total		Sub Total	\$

Or

Criteria 4: Planning and Public Works Director's discretion based on other compelling circumstances that demonstrate the applicant's inability to pay. **Please clearly identify all compelling circumstances and attach support documentation.**

For Pierce County Staff Review
Form Reviewed By: _____
Title: _____
Qualifies for Indigent: <input type="checkbox"/> Yes <input type="checkbox"/> No
Support Documentation Must be Attached